

EXPEDITED ASSESSMENT

WHEN: May use as “bridge” when existing full assessment has been done within previous 90 days within San Diego County Adult System of Care, that in your clinical opinion, is appropriate to use. You may review and update that document via this form.

ON WHOM: All individuals receiving services beyond one month.

COMPLETED BY: Staff delivering services within scope of practice. Must be signed by Physician, licensed/waivered Psychologist, licensed/registered/waivered social worker, licensed/registered/waivered Marriage Family Therapist or a Registered Nurse.

MODE OF COMPLETION: Legibly handwritten, typed, or word processed on form HHSA:MHS-991.

REQUIRED ELEMENTS: The clinician must complete all sections of the form, sign, indicate his/her discipline and date the form.

BILLING: Write the Expedited Assessment and complete the procedure code column with appropriate procedure code (from billing record) and the time column. Note in the column the procedure code and the total number of minutes. To calculate total numbers of minutes include preparation time, interview time, and documentation time. **Also** note in the column the number of minutes spent solely as face-to-face time (direct time).

For Example: Total 120 Minutes
Direct 60 Minutes